

County Medical Services (CMS) Program

Newsletter

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This issue focuses on some of the most difficult and common areas for referrals: chronic pain, degenerative disk disease of the neck and low back, neurology, orthopedics and neurosurgery. I believe that understanding CMS criteria for specialty referral for these conditions will benefit your clinic and your patients. But first some good news:

Annual Retinal Exam for Diabetics

Effective November 1, 2007, TARS are no longer necessary for the diabetic annual retinal exam by Ophthalmology. These services will be paid for each diabetic patient once a year without an authorization number. Referrals to Endocrinology for type 1 diabetics are included in the NO TAR required. Further services by the Ophthalmologist or Endocrinologist will require authorization. This should make the care of these patients a little easier.

Neurology Referrals

All patients with an active seizure disorder will have Neurology referrals approved.

Neurology referrals should not be requested for musculoskeletal conditions with nerve entrapment, when the diagnosis is clear from the physical exam. The most common example of this is carpal tunnel syndrome. The diagnosis is made at the primary care level by history and physical exam. If conservative care is not effective, the referral should go to Orthopedics.

Do not ask for Neurology referrals without doing a Neuro exam! The Neuro exam is too often omitted in primary care. Headache and similar referrals to Neurology will not be approved if a Neuro exam is not done in the clinic. Also, remember that advanced imaging (MRI or CT) is not appropriate for headaches if the Neuro exam is normal.

Degenerative Disk Disease (DDD)

DDD over the age of 50 is ubiquitous. If you ordered an MRI on anyone over age 50, there would be findings of DDD, disk bulging, some spinal stenosis and foraminal narrowing. There is poor correlation between patients with chronic back and neck pain and the MRI findings. Common back and neck pain with DDD and osteoarthritis should be managed at the primary care level. Sciatica is common and temporary condition which resolves in 8-12 weeks. Improved posture and extension exercises are all that are needed in most patients. Consider the following with referrals:

Necks to Neurosurgery, Backs to Ortho Spine

UCSD is the only Neurosurgery access for CMS patients. The only referrals that will be approved for Neurosurgery are brain tumors, other CNS lesions and severe neck pain with 1-2 level disease by MRI and no previous surgery.

Low back severe disk disease with spinal stenosis at limited levels should be referred to Orthopedics. UCSD Ortho Spine will see only patients who are surgical candidates. Using their language,

“indications for surgery include worsening neurologic deficit, worsening spinal deformity, acute trauma, infections, tumors, radiculopathy, neurogenic claudication, spondylolisthesis and intractable back pain due to only 1-2 level DDD”.

Pain Clinic Referrals

The recent CMS approval of methadone and MS Contin for chronic use at the clinics should reduce the need for Pain Clinic referrals for medication management. Pain clinic is needed for uncertain diagnosis and for procedures covered by CMS. This mainly relates to epidural steroid injections.

A tremendous number of epidural steroid injection referrals are made. The recent pain management conference held at the Council of Community Clinics was helpful in clarifying the appropriate use of epidural injections. According to Mark Wallace, director of the UCSD Pain Clinic, epidural steroid injections are appropriate for neck and back pain *when radiculopathy is present*. Chronic pain only is not an indication. Also, **one injection** is all that is needed under fluoroscopy to see if there is a therapeutic response. Please only request one injection. If the epidural injection is effective, the patient should receive pain relief for 3 months or longer. Repeat injections will not be approved for shorter intervals, since, according to Dr. Wallace, recurrence of pain in weeks is a sign of treatment failure.



Book Recommendation

The Last Well Person by Nortin M. Hadler, M.D., professor of Rheumatology at the University of North Carolina (McGill University Press, 2004). Dr. Hadler uses evidence based medicine to discuss many common conditions we see including regional pain syndromes and the chronically ill. It is written for the general public and is especially beneficial for keeping a perspective in primary care medicine.

I hope this information is helpful. If you have a case you would like to discuss with me, please send me an email (Joseph_E_Scherger@uhc.com) or call, 858-495-1371. Do not send in any patient names or SS numbers with emails as these require special security.

REMINDER

CMS Documents On-Line www2.sdcounty.ca.gov/hhsa	
Provider Handbooks, CMS Formulary and Quick Reference Formulary	<ul style="list-style-type: none"> Click on “Programs” Select “Self Sufficiency Programs” Click on “View All Services” Scroll down to CMS and select the document
CMS Forms and Worksheets (TAR Form, UPC Voucher, Work Histories, Sleep Study, Incontinence, Pulmo-Aide, and Hepatitis C)	<ul style="list-style-type: none"> Select “Documents” (left side of the screen) Select “Forms” from the drop down box Scroll down to CMS and select the form
Provider Newsletters	<ul style="list-style-type: none"> Select “Documents” (left side of the screen) Select “Newsletters” from the drop down box Scroll down to CMS and select the volume (1 through 7) you wish to read

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